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Application Number Filing Date MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Applicant(s) Substitute for Form PTQ-1360 (For use with Form PTO/88/08) May be used for additional claims or amendments CLAIMS AFTER FIRST AFTER SECOND -16-01 AMENDMENT. **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 51 .52. .63 64 55 56 57 58 59 10 60 11 61 12 62 63 14 64 65 66 67 18 68 19 69 70 21 71 72 73 74 22 23 75 76 27 77 28 78 79 30 80 31 32 82 83 85 86 67 38 88 39 40 90 91 41 42 92 93 85 46 86 47 97 48 88 99 50 100 Total Total Indep Indep Total Total Depend Depend Total Total

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Claims